

Michigan Department of Consumer & Industry Services
Bureau of Health Services - Computer Section
P.O. Box 30670
Lansing, Michigan 48909
(517)335-0918
TTY (517) 373-7489

DATA CHANGE/DUPLICATE LICENSE REQUEST

Authority: Public Act 368 of 1978, as amended

Please complete the following:

Please indicate profession for which you are requesting duplicate license(s). (A Duplicate License is \$10.00 Per License.):

☐ Chiropractic
☐ Counseling
☐ Dentistry
☐ EMS Personnel
☐ Marriage & Family Therapy

☐ Medicine
☐ Nursing
☐ Occupational Therapy
☐ Optometry

☐ Osteopathy
☐ Pharmacist/Pharmacy*
☐ Physical Therapy
☐ Physician's Assistants

☐ Podiatry
☐ Psychology
☐ Sanitarians
☐ Social Work
☐ Veterinary

Permanent I.D. Number	Please Check <input type="checkbox"/> Professional License/Registration <input type="checkbox"/> Controlled Substance	<input type="checkbox"/> Specialty License <input type="checkbox"/> Drug Control
Date of Birth	Social Security Number	
Name on Current License/Registration		
New Name (if applicable)	Daytime Phone Number	
Signature	Date	

Please check the box for the service you are requesting:

☐ 1. DUPLICATE LICENSE: I request the Department to issue a duplicate license for the following reason(s):

☐ Lost
☐ Stolen
☐ Destroyed
☐ Name/Address Change

☐ 2. NAME CHANGE: I request the Department to change my records due to a name change, and I DO NOT wish to have a duplicate license issued at this time. NO FEE REQUIRED. *Please note that pharmacies and Manufacturer/Wholesale Distributors may not use this form for a name change. Please contact the Bureau of Health Services at (517) 335-0918 to request an application for a name change.

☐ 3. ADDRESS CHANGE: I request the Department to change my records due to an address change, and I DO NOT wish to have a duplicate license issued at this time. NO FEE REQUIRED. *Please note that pharmacies and Manufacturer/Wholesale Distributors may not use this form for an address change. Please contact the Bureau of Health Services at (517) 335-0918 to request an application relocation.

Street Address

City, State, and ZIP Code

Do Not Detach
Fee Processing Card

APPLICANT:
To help us process your application more quickly, please complete the following information about the application and your fee payment.

Licensee's Name	Social Security Number	Permanent I.D. Number
Please check the appropriate box - and be sure to enclose your payment!		Expiration Date

- ☐ Duplicate Professional License Fee: \$10.00
☐ Duplicate Specialty License Fee: \$10.00
☐ Duplicate Controlled Substance License Fee: \$10.00
☐ Duplicate Drug Control License Fee: \$10.00

Your check or money order drawn on a U.S. Financial Institution and made payable to the **STATE OF MICHIGAN** must accompany the application. **DO NOT SEND CASH.** Fees are earned upon receipt and can only be refunded under refund rules promulgated by the department.